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SECRETARY OF STATE
TALLAHASSEE FLORIN

D. BRUCE

NOV 1 4 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpo							
SUBJE	SUBJECT: The Kre8 Group, LLC							
		Name of Limit	ted Liability Company					
The enc	losed Articles of Ar	mendment and fee(s) are sub	mitted for filing.					
Please r	eturn all correspond	lence concerning this matter	to the following:					
Eduardo DeJesus								
			Name of Person					
			Firm/Company					
9264 Great Sound Dr								
Address								
Orlando, FL 32827								
	City/State and Zip Code					SE	72	
edejesus@travelinstylecfl.com E-mail address: (to be used for future annual report notification)						3		
For furt	her information con	cerning this matter, please c		or notification)		ETARY OF STATE HASSEE, FLORIDA	2 NOV 13 PM 3: 3	AND
	Eduar	do DeJesus	at (407) Area Code &	4884	1377		<u>::ec</u> ယ	
	Name of P	'erson	Area Code &	Daytime Telep	hone Number	FORM	: 37	
Enclose	ed is a check for the	following amount:						
\$25	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	nclosed)	\$60.00 Filing Fe Certificate of S Certified Copy (additional cop	Status &	d)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	The Kre8 Group	, LLC		
(<u>Na</u>	The Kre8 Group ime of the Limited Liability Company as it (A Florida Limited Liability	now appears on our record Company)	<u>(s.</u>)	
	for this Limited Liability Company were f			
Florida document number				
This amendment is submitted	to amend the following:			
	the new name of the limited liability co			
KRE	B G LO UP, LLC ishable and end with the words "Limited Lial			_
The new name must be distingu "L.L.C."	ishable and end with the words "Limited Lial	pility Company," the designa	tion "LLC" or the abbreviati	ion
Enter new principal offices	address, if applicable:			-
(Principal office address MU	ST BE A STREET ADDRESS)		<u> </u>	_
			≥200	-
			13 148 888	177 111
Enter new mailing address,	if applicable:			mŽ
(Mailing address MAY BE A	••		7 (6 4)	-(5) -
(Mauing adaress MAT DE A	FOST OFFICE BOX)		<u>Ψ</u> ω	-
			12	-
	ered agent and/or registered office ad new registered office address here:	idress on our records, <u>e</u>	nter the name of the n	<u>ew</u>
Name of New Regis	stered Agent:			-
New Registered Off	ice Address:	Enter Florida stre	nat addrave	-
		Enter Fioriaa sire	ei uuui ess	
		, Flori	da	-
	Citv		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action Address Title Name Catalina Gaviria MGR ✓ Add 9617 Moss Rose Way Orlando, FL 32832 Remove Monica Caligiuri MGR 4441 Steed Terrace ✓ Add Remove Winter Park, FL 32792 ☐ Add Remove Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 2nd 2012 Dated signature of a member or authorized representative of a member Eduardo DeJesus Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00